



Requesting Rabies Vaccine for Post-exposure Prophylaxis

Current Situation (October 9, 2008):

Novartis has additional supplies of IMOVAX rabies vaccine for distribution. The company has announced that effective October 7, 2008, they are able to deliver RabAvert vaccine for post-exposure prophylaxis, without supply restrictions. Questions can be directed to Novartis customer service at 1-800-244-7668. At this time, vaccine for post-exposure prophylaxis may be ordered directly from Novartis without a passcode from Kansas Department of Health and Environment.

Sanofi Pasteur continues to have IMOVAX vaccine available for post-exposure prophylaxis. However, to obtain IMOVAX rabies vaccine you must first contact KDHE Office of Surveillance and Epidemiology (OSE) so that a risk-assessment can be conducted for the suspected exposure. To facilitate this process, KDHE-OSE has developed the attached request form, which is also available from the KDHE OSE rabies information page (http://www.kdheks.gov/epi/human_animal_health.htm#rabies). If it is determined that rabies post-exposure prophylaxis is indicated you will be provided a passcode to place on the Sanofi Pasteur Rabies Post-Exposure Form. The form must be filled out in its entirety, including the required physician's signature and passcode provided by KDHE-OSE. Please contact Sanofi Pasteur at 1-800-VACCINE to obtain the required form.

To obtain the confirmation code from KDHE:

1. Fill in the Rabies Exposure Assessment Form as completely as possible.
2. Fax form to KDHE Epidemiology at (877) 427-7318.*
3. The Epidemiologist on-call will review the form and verify potential exposure. *
4. The Epidemiologist on-call will call you back and inform you if the vaccine request has been approved or denied. If your request is approved, an epidemiologist will provide you with the confirmation code.*

***If outside normal business hours, contact the Epidemiologist on call at (877) 427-7317.**

To obtain the rabies vaccine from Sanofi Pasteur:

1. Obtain confirmation code from KDHE using the process above.
2. Complete the Sanofi Pasteur Rabies Post-Exposure Form entirely, including the required physician's signature and confirmation code from KDHE. Contact Sanofi Pasteur at 1-800-VACCINE.

3. Fax the Sanofi Pasteur Rabies Post-Exposure Form to “Sanofi Pasteur Customer Service” at (866) 745-2706.

For additional information, visit these websites:

<http://www.cdc.gov/rabies/>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e507a1.htm>



Rabies Exposure Assessment Form Requests for Rabies Vaccine

Date of Request: ____/____/____ Form Completed By: _____

Person Requesting PEP

Name: _____ Facility: _____

☐ Pharmacy ☐ Physician's Office ☐ LHD ☐ Other _____

City: _____ County: _____ Phone: (____) _____

Patient Information

Name: _____ Birthdate: ____/____/____ Age: ____

Address: _____

City: _____ County: _____ Zip: _____

Phone: (____) _____ Alt Phone: (____) _____

Physician or Health Care Provider Information

Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: (____) _____

Exposure Information

Date of exposure: ____/____/____ Anatomical location of exposure: _____

Type of exposure:

☐ Bite ☐ Contact with saliva ☐ Scratch ☐ Bat in room of sleeping person

☐ Other _____

Type of animal:

☐ Cat ☐ Dog ☐ Bat ☐ Other _____

Animal available for 10-day observation?: ☐ Yes ☐ No ☐ N/A

Animal available for testing?: ☐ Yes ☐ No

If yes: Date tested: ____/____/____

Test result: ☐ Positive ☐ Negative ☐ Unsuitable

If entered into KS-EDSS, ID of animal: _____

Animal vaccination history:

☐ Current ☐ Not current or unvaccinated ☐ Unknown

Exposure Details / Circumstances: _____

Outcome (KDHE USE ONLY)

Request Granted: ☐ Yes ☐ No

Reasons for not granting approval:

☐ Exposure does not meet ACIP recommendations (MMWR May 7, 2008)

☐ Animal is not a carrier of rabies

☐ Other _____

Additional Comments: _____

Date: ____/____/____ Epidemiologist: _____

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